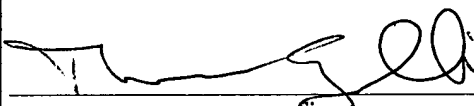
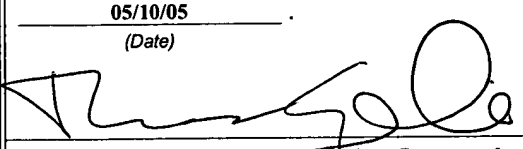


JFC

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 17406	
Applicant(s): Akio Uchiyama					
<b>Application No.</b> 10/766,581	<b>Filing Date</b> January 27, 2004	<b>Examiner</b> Kasztejna, Matthew John	<b>Customer No.</b> 23389	<b>Group Art Unit</b> 3739	<b>Confirmation No.</b> 3837
Invention: <b>ECAPSULE MEDICAL DEVICE</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
<b>TOTAL CLAIMS</b>	27 -	24 =	3	x \$50.00	\$150.00
<b>INDEP. CLAIMS</b>	5 -	5 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$150.00</b>
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input checked="" type="checkbox"/> A check in the amount of <b>\$150.00</b> to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ <i>Signature</i>			<b>Dated: May 10, 2005</b>		
<b>Thomas Spinelli</b> <b>Registration No. 39,533</b>			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>05/10/05 (Date)</p><p style="text-align:center"><i>Signature of Person Mailing Correspondence</i></p><p style="text-align:center"><b>Thomas Spinelli</b></p><p style="text-align:center"><i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>		
CC:					

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Akio Uchiyama

**Examiner:** Kasztejna, Matthew J.

**Serial No:** 10/766,581

**Art Unit:** 3739

**Filed:** January 27, 2004

**Docket:** 17406

**For:** CAPSULE MEDICAL  
DEVICE

**Dated:** May 10, 2005

**Confirmation No.** 3837

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. §1.111**

Sir:

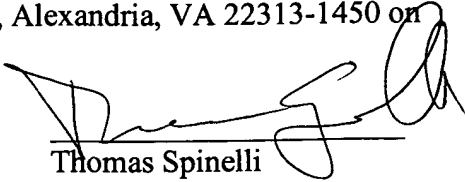
In response to the Office Action dated February 10, 2005, Applicant respectfully submits the following remarks for entry of record in the above-identified case.

---

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail stop Amendment, Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450 on the date set forth below.

Dated: May 10, 2005

  
Thomas Spinelli